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2000 Managed Care Nonrenewals Persons with Disabilities Tip Sheet

As beneficiaries begin being notified of managed care plan nonrenewals, their options will vary depending on whether they are over 65, disabled, or have permanent kidney failure (ESRD). This “tip sheet” is designed to give Regional Office and SHIP staff guidance on the key considerations and special issues affecting disabled Americans covered by Medicare who are facing this change.

Some Medicare Managed Care Plans Have Decided Not To continue Serving Beneficiaries In Selected Counties Next Year

- If a Medicare managed care plan leaves the Medicare program, beneficiaries should receive a letter this summer about their managed care plan’s intent to leave the Medicare program. This initial letter will be followed by a Final Beneficiary Notice that their managed care plan is required to send no later than October 2, 2000.
- The Final Beneficiary Notice from the managed care plan will explain beneficiary rights and protections and will list other health plans that are available in their community.

Disabled Beneficiaries are still covered by the Medicare Program

If managed care plans leave the Medicare program on January 1, 2001, beneficiaries can:

- 1) Stay in their managed care plan through December 31, 2000, and
 - Return to the Original Medicare Plan or
 - Enroll in another Medicare health plan, if available, effective on January 1, 2001;
- 2) Leave their managed care plan after October 2 but before December 31, 2000 and



- Return to the Original Medicare Plan.
- If other Medicare health plans are available in the area, enroll in another health plan.

NOTE: Please note that this only applies to those in plans with Medicare+Choice contracts.

Availability of medigap policies to beneficiaries under age 65

- If the beneficiary is disabled or has ESRD and is under age 65 and loses coverage under a managed care plan, the beneficiary has the right under federal law to buy plan A, B, C, or F **only if** the policy is otherwise made available to beneficiaries under age 65 in their state.
- Certain states **may** require that insurance companies sell some Medigap policies to people under age 65 or some companies may sell these policies voluntarily. If an insurance company sells Medigap policies to people under 65 for any reason in a state, the company must sell these policies to people whose managed care plans did not renew their contracts.
- In these cases, the insurance company may not:
 - Deny or condition the sale of the policy or discriminate in the pricing of the policy because of health status, prior history of claims experience, receipt of health care or medical condition, or Impose an exclusion period for any pre-existing condition.
 - To find out about the availability of Medigap policies to people under age 65 in a state, contact the State Health Insurance Assistance Program.

Help Paying for Health Care Costs

- Medicaid has programs that pay for some or all of Medicare's premiums and may also pay Medicare deductibles and coinsurance for certain people who are entitled to Medicare and have a low income.
- To learn more about these programs, call 1-800-MEDICARE (1-800-633-4227) or 1-877-486-2048 for the hearing and speech impaired or contact the State Health Insurance Assistance Program.

NOTE: Refer to Do You Need Help to Pay Health Care Costs, HCFA-10118, Revised March 2000, contained in the Beneficiary Materials section of the non-renewal tool kit.

Resources are available to help Disabled Beneficiaries

- State Health Insurance Programs (SHIPs) are available for individual health insurance counseling and for more information about Medicare, Medicaid, Medigap and other health insurance. Beneficiaries can also call Medicare at 1-800-MEDICARE (1-800-633-4227) to find the phone number in a certain state (TTY/TDD: 1-877-486-2048 for the hearing and speech impaired).
- Through local State Health Insurance Assistance Programs (SHIPs), counselors are available to discuss each caller's unique situation and provide information on all options that are available to the caller, such as buying a Medigap policy, dealing with payment denials or appeals, Medicare rights and protections, care or treatment, choosing a Medicare health plan or Medicare bills.
- More information about Medicare is available on Medicare's Internet website, www.medicare.gov. The local library may be able to help get this information on their computers.